

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N063016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASSISTED LIVING AT WINDSOR PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2904 W 8TH COFFEYVILLE, KS 67337</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS  The following citation represents the findings of a resurvey with complaint investigation 88089 at the above named assisted living facility conducted on 6-28-16 and 6-29-16.	S 000		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents  (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action  This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)  The facility reported a census of 29 residents. The sample included 3 residents and 2 closed record reviews. Based on record review and interview for 1 (#703) of 3 sampled residents, the operator failed to ensure documentation of all incidents, and indications of injury including date, time of occurrence, action taken and results of the action.  Findings included:  - Record review for resident #703 revealed admission on 3-1-14 with diagnoses Coronary Artery Disease, Hypertension, Hyperlipidemia and Diabetes Mellitus.  The functional capacity screen (FCS) dated 10-8-15 recorded resident required supervision of bathing, walking/mobility and eating; independent	S3261		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3261	<p>Continued From page 1</p> <p>with dressing, toileting and transfers; and unable to perform management of medications and treatments. Uses a walker. Current problems identified included falls/unsteadiness, impaired hearing and impaired vision.</p> <p>The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-8-15 recorded facility will provide supervision of bathing with minimal assistance, supervision of walking/mobility (ensure resident uses walker) and eating (help with cutting up food). Facility staff to order, store and administer medications and treatments.</p> <p>Review of facility incident/accident report, which is "not part of medical record" revealed resident experienced a fall on 2-27-16 at 9:40 pm. "Resident stated fell going into bathroom. Hit head." "Obvious injuries: Forehead injury, nose is bruised. Purple/black area on forehead and nose." Signed by certified staff D and administrative nurse A</p> <p>Physician Visit form dated 2-29-16 revealed visit to dentist with reason for visit: "(resident) fell fracturing teeth on lower left side. Progress Note: Lower left first bicuspid fractured below bone level. #22 left lower canine broken at gum level..."</p> <p>Review of nurses notes revealed the following: 2-28-16 at 1:00 am: "Resident returned to (facility) per (family member) transportation.... Tylenol administered at 1:15 am due to complaint of pain. Will continue to monitor." Signed by certified staff B. 2-28-16 6 am to 2 pm shift: "Resident voices no complaints at this time. Follow up vital signs (recorded). Will continue to monitor" Signed by</p>	S3261		

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S3261	<p>Continued From page 2</p> <p>certified staff C. [Note: follow up charting done every shift through 2-29-16, 10:00 pm to 6:00 am shift.] 3-2-16 (no time documented): "Resident seen by (physician) for follow up from fall. New order for warm compresses to face twice a day until bruising resolves. Will continue to monitor." Signed by administrative nurse A.</p> <p>The record lacked documentation of fall incident including time and date of occurrence, date and time resident went to the hospital. The record further lacked documentation of notification of resident's primary care provider until 3-2-16 for an accident that resulted in injury or has the potential for requiring a physician's intervention.</p> <p>Facility policy for "Accidents and Incidents" stated the following procedure: "c. Facility nurse will notify resident's physician if: 1. a significant change in the resident's physical, mental or psychosocial status occurs. 2. A need to alter treatment significantly. 3. A decision to transfer or discharge the resident from the facility..." The policy lacked requirement for physician notification upon occurrence of an accident that resulted in injury or has the potential for requiring a physician's intervention.</p> <p>Interview on 6-28-16 at 4:35 pm with administrative nurse A confirmed the record lacked documentation of an injury fall, date/time resident was transferred to the emergency room and notification of resident's physician of both the incident and transfer to the emergency room.</p> <p>Interview on 6-29-16 at 10:40 am with operator confirmed the policy lacked requirement for physician notification upon occurrence of an accident that resulted in injury or has the potential</p>	S3261		

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S3261	Continued From page 3  for requiring a physician's intervention.  For resident #703, the operator failed to ensure documentation of an incident including date, time of occurrence, action taken and results of the action when resident fell and sustained a head/facial injury requiring transfer from the facility and medical treatment.	S3261		